## Case 18-13699-amc Doc 26 Filed 06/21/18 Entered 06/21/18 10:59:34 Desc Main Document Page 1 of 2

Fill	in this informati	ion to identify your ca	ase:				l						
	ebtor 1 Antonio Serrano, Jr												
	otor 2 buse, if filing)												
Unit	ted States Banl	kruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	Α	_							
Case number (If known) 18-13699							□ A	Check if this is:  An amended filing  A supplement showing postpetition chapter 13 income as of the following date:					
	fficial For						MM / DD/ YYYY						
So	chedule	I: Your Inco	ome								12/15		
sup <sub>l</sub>	plying correct use. If you are ch a separate	information. If you separated and you	sible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition	ng jointly, and your th you, do not inclu	spouse i	is liv matic	ing with on about	you, incl your spo	ude info ouse. If r	rmation about nore space is	your needed,		
1.	Fill in your e	mployment		Debtor 1				Debtor 2	or non.	filing snouse			
	information.	ore than one job		■ Employed				Debtor 2 or non-filing spouse  ■ Employed					
	If you have more than one job, attach a separate page with information about additional employers.		Employment status	☐ Not employed		☐ Not employed							
			Occupation	Maintenance									
	self-employed		Employer's name	Bethel The Chu Mills	nklin	City of Philadelphia							
Occupation may income or homemaker, if it			Employer's address										
				Philadelphia, P.									
			How long employed the	here?				_					
Par	t 2: Give	Details About Mor	thly Income										
	mate monthly use unless you		ate you file this form. If y	you have nothing to r	eport for	any	line, write	\$0 in the	space. I	nclude your no	n-filing		
		ling spouse have mo a separate sheet to	ore than one employer, co	ombine the information	n for all e	emplo	oyers for	that perso	n on the	lines below. If	you need		
							For Del	otor 1		ebtor 2 or iling spouse			
2.	List monthly gross wages, salary, and commissions (bef deductions). If not paid monthly, calculate what the monthly				2.	\$	2	,571.00	\$	3,540.33			
3.	8. Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$_	0.00			
4.	Calculate gro	oss Income. Add lin	e 2 + line 3.		4.	\$	2,57	71.00	\$_	3,540.33			

Official Form 106I Schedule I: Your Income page 1

Debt	or 1	Antonio Serrano, Jr	-	(	Case	number (if know	'n) -	18-136	99			
	Cor	by line 4 here	4.		For	Debtor 1 2,571.0	10	For Denon-fi	ling s	2 or spouse 540.33		
·				-	Ť-	2,01110	<u> </u>	·		040.00	_	
5.		all payroll deductions:	E.	_	¢.	474 5		ď		200 50		
	5a. 5b.	Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans		a. b.	\$_ \$	471.5 0.0	_	\$		396.50 0.00	_	
	5c.	Voluntary contributions for retirement plans		c.	\$ _	0.0		\$		0.00	_	
	5d.	Required repayments of retirement fund loans		d.	\$_	0.0		\$		0.00	_	
	5e.	Insurance	5	e.	\$	0.0		\$		0.00	_	
	5f.	Domestic support obligations	5f	f.	\$_	0.0	0	\$		0.00	_	
	5g.	Union dues	5	-	\$_	0.0		\$		0.00	_	
	5h.	Other deductions. Specify:	_ 51	h.+	\$_	0.0	0 +	+ \$		0.00	_	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	471.5	0	\$		396.50	_	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	2,099.5	0	\$	3,	143.83	_	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	o,	a.	\$	0.0	10	\$		0.00		
	8b.	Interest and dividends	8l		\$ _	0.0		\$		0.00	_	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			\$	0.0		\$		0.00	_	
	8d.	Unemployment compensation	80	d.	\$	0.0	0	\$		0.00	_	
	8e.	Social Security	86	e.	\$	0.0	0	\$		0.00		
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f		\$_	0.0		\$		0.00	_	
	8g. 8h.	Pension or retirement income Other monthly income. Specify:	8( 81	g. h.+	\$_ \$	0.0	<u>10</u> 10 +	\$		0.00	_	
	OII.	Other monthly income. Specify:	_ "	····	Ψ_	0.0	<u> </u>	Ψ		0.00	_	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. :	\$	0.0	0	\$		0.0	0	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		2,099.50 +	\$	3 11	3.83	= \$	5,243	33
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ –		2,033.30		3,14	5.00	,	3,243	.55
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not excify:	dep						hedule 11.		0	.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certain lies							12.	\$	5,243	.33
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?							Combi month	ned ly incon	ne
		Voc Evoloin:										

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